

## Memorandum

Date: April 14, 2010

To: Office of Inspections

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Golden Gate Division

File No.: 301.12877.11327.A8970

Subject: FIRST QUARTER 2010 COMMAND INSPECTIONS – CHAPTER 7,  
COMMAND INJURY AND ILLNESS CASE MANAGEMENT

Each Command within Golden Gate Division performed the first quarter 2010 Command Inspections in accordance with the Command Inspection Program Manual, HPM 22.1, Chapter 7, Command Injury and Illness Case Management. Golden Gate Division concurs with the Area Commanders as outlined on the CHP 680A, Exceptions Document, all findings have been addressed and all recommendations were implemented. This memorandum will serve as a final report and no quarterly updates will be necessary.

Attached are the cover memorandums, Exceptions Documents and the Injury and Illness Case Management Checklists for each Command.

Should you require further information regarding the contents of this memorandum, please contact Chief Teresa Becher at (707) 648-4180.



T. M. BECHER, Chief

Attachments

*Safety, Service, and Security*

**M e m o r a n d u m**

Date: April 08, 2010

To: Golden Gate Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Golden Gate Division

File No.: 301.13731.11327.301

Subject: RESPONSE TO GOLDEN GATE DIVISION COMMAND CHAPTER 7  
INSPECTION REPORT

This memorandum is intended to serve as the written response to the Golden Gate Division command Chapter 7 inspection report as required by the Office of Assistant Commissioner, Inspector General's memorandum dated July 7, 2009.

**FINDINGS REQUIRING FOLLOW-UP:**

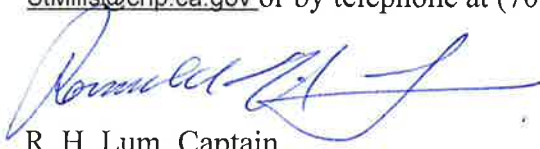
**Finding 1 – Agree.** The CHP 121s were not in all cases signed by the commander or his/her designee within three days of notification of the injury or illness.

**Finding 2 – Agree.** The Command not in all cases prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities.

**Finding 3 – Agree.** Command not in all cases sending Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hrs of the notification of a non disabling or disabling occupational injury or illness.

**Finding 4 – Agree.** Command does not have copies of approved medical providers posted for employees.

Questions regarding this response may be directed to Lieutenant Mills via e-mail at [StMills@chp.ca.gov](mailto:StMills@chp.ca.gov) or by telephone at (707) 648-4180.



R. H. Lum, Captain  
Commander

cc: Office of the Assistant Commissioner,

*Safety, Service, and Security*

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: <b>GGD</b>	Division: <b>GGD</b>	Chapter: <b>7</b>
Inspected by: <b>Lt. S. E. Mills, #13731</b>		Date: <b>3/30/2010</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  8	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:  Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

During the inspection, the following discrepancies were noted:

- Finding 1:** CHP 121s were not in all cases signed by the commander or his/her designee within three days of notification of the injury or illness.
- Finding 2:** Command not in all cases prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities.
- Finding 3:** Command not in all cases sending Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a non-disabling or disabling occupational injury or illness.
- Finding 4:** Command does not have copies of approved medical providers posted for employees.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: GGD	Division: GGD	Chapter: 7
Inspected by: Lt. S. E. Mills, #13731		Date: 3/30/2010

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

The Commander has reviewed applicable policy in Highway Patrol Manuel (HPM) 22.1, Command Inspections Manuel, Chapter 7, Command Illness and Injury Case Management and HPM 10.7, Injury and Illness Case Management Manual. Additionally, training will be provided to all supervisors and officers so as to alleviate delays with the proper reporting of injury and illness claims and the documentation associated with the reporting. This training will be conducted during the 2<sup>nd</sup> Quarter training day on April 14, 2010.

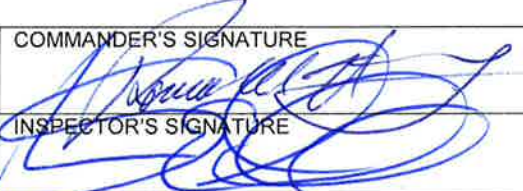
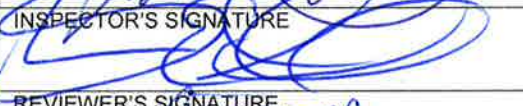

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

On April 14, 2010, during the 2<sup>nd</sup> Quarter Division training day all supervisors and officers will review policy within Highway Patrol Manuel (HPM) 22.1, Command Inspections Manuel, Chapter 7, Command Illness and Injury Case Management and HPM 10.7, Injury and Illness Case Management Manual. The importance of timely reporting of injury and illness and the requirements to submit them within the guidelines will be discussed with all employees.

Management and Supervisors oversight will be stressed to eliminate future deficiencies.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4-13-10.
	INSPECTOR'S SIGNATURE 	DATE 4-13-10
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 4/14/2010

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

### Command Illness and Injury Case Management

Command: GGD	Division: GGD	Number: 301
Evaluated by: Lt. S. E. Mills, #13731		Date: 3/30/2010
Assisted by: Sgt E. Delacruz #14968		Date: 3/30/2010

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-up Inspection	Commander's Signature: 	Date: 4-13-10
For applicable policy, refer to: HPM 10.7			

**Note:** A "Yes" response indicates full compliance with policy. If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Does the command maintain a current OSHA 300?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

#### Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 <sup>th</sup> for Areas, communication centers, inspection facilities, and Academy or February 15 <sup>th</sup> for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 <sup>st</sup> of the following year until April 30 <sup>th</sup> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

### Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Does the command have copies of approved medical care providers posted for employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Occasionally clerical is notified late.
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: